



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

BOARD OF MASSAGE AND BODYWORK

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

Enter Name and Address of Contact to Whom Response Should Be Mailed:

REQUEST FOR APPROVAL OF CONTINUING EDUCATION COURSE

INSTRUCTIONS

When to Submit

Complete this form to request approval of an organized educational activity intended to fulfill the continuing education (CE) requirements for maintaining a Massage license in Delaware. Either Delaware-licensed Massage Therapists or Delaware-certified Massage Technicians or program providers may submit a request. You may submit a request prior to license renewal, either before or after the program. However, if the program is not approved, you will be notified and no CE credit given.

The Delaware Board of Massage and Bodywork *automatically* approves programs given by the following organizations:

- National Certification Board for Therapeutic Massage and Bodywork (NCBTMB)
- American Massage Therapy Association (AMTA)
- Associated Bodywork and Massage Professionals (ABMP)

If the program is one of the above, STOP. You do not need to submit this form.

For full details on continuing education requirements, see Section 8.0 of the Board's [Rules and Regulations](#).

Documentation Required

- ☐ Complete request form.
- ☐ ***If request is submitted by a course provider, enclose fee of \$40 by check or money order payable to "State of Delaware." If a Delaware licensee submits the request, no fee is required.***
- ☐ Enclose course outline or agenda showing breakdown of time allotted for each part of course content.
- ☐ Enclose a resume or *curriculum vitae* for each instructor.

REQUESTER COMPLETES THIS SECTION

- Requester (check one): ☐ Sponsor/Course Provider – If you are an NCBTMB-, AMTA-, or ABMP-approved provider, STOP. It is not necessary to submit this request.
☐ Delaware-licensed Massage Therapist or Certified Massage Technician
- If you are a Delaware licensee requesting approval of a course, enter:
Your Name: _____ Delaware License #: **M** ____ - _____
Phone: _____ Email: _____

REQUESTER COMPLETES THIS SECTION (continued)

3. Enter the following information about the course provider:

Course Provider: _____

Contact Person Name: _____

Phone: _____ Fax: _____

Address: _____
Street City State Zip Code

Email: _____ Website URL: _____

4. Course Title: _____

5. Course Instructor: _____

6. Course Location: _____

7. Course Date(s) Offered: _____

8. Is proof of completion provided (e.g., certificate)? Yes ☐ No ☐

9. Total Contact Hours Requested (excluding breaks): _____ Core ☐ Elective ☐

Enclose course outline or agenda showing breakdown of time allotted for each part of course content. Also, enclose a resume or curriculum vitae (CV) for each instructor.

Submit this request, fee (if applicable) and all supporting documentation to the Delaware Board of Massage and Bodywork *no later than ten business days* before the Board's meeting to the address above. If you have questions, email: customerservice.dpr@state.de.us.

BOARD OFFICE COMPLETES THIS SECTION

Board Review Date: _____

☐ Approved for _____ hours. Core ☐ Elective ☐ Course Approval # _____

Credit toward required hours in ethics? Yes ☐ No ☐ Approval expires: _____

☐ Denied – Reason: ☐ Not directly related to professional growth

☐ Other: _____

☐ Tabled - Reason(s): _____

Signature: _____ Date: _____

**COMPLETION CERTIFICATES MUST INCLUDE COURSE APPROVAL # AND COURSE TITLE.
CERTIFICATES WITHOUT A COURSE TITLE OR APPROVAL # WILL NOT BE ACCEPTED!**